

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL080014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/08/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE SALISBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 STATESVILLE BOULEVARD SALISBURY, NC 28147</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  Report of Follow-up Survey by Dennis Harrell on 6-8-2016.  Some deficiencies were not corrected. Further action is required.	{C 000}		
{C 160}	Outside Premises-Clean, Safe  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;  This Rule is not met as evidenced by: 1. Based on observation, the outside premises was not maintained in a safe manner. This will permit vermin etc. to enter the attic.  Findings on April 14, 2016 and June 8, 2016: c. Soffit has been removed and the attic is open at the freezer	{C 160}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE